

## SURVEILLANCE SYSTEM BEING TESTED

The Canadian Paediatric Society (CPS) — a CMA affiliate — and Health Canada's Laboratory Centre for Disease Control are undertaking a pilot project to establish a pediatric surveillance system to monitor rare diseases. All pediatricians in Canada will be sent a prepaid postcard each month for indicating if they have seen any cases of acute flaccid paralysis, congenital rubella syndrome and group B streptococcal infection in the newborn. The surveillance program, which requires a 90% response rate, is based on a successful system established in England.

## IF AT FIRST YOU DON'T SUCCEED . . .

The number of applications for entry to US medical schools reached an all-time high in 1995, but 32% of the applicants were making at least their second attempt for admission. The January-February issue of *New Physician*, official publication of the American Medical Student Association, reported that almost 15 000 of the 46 591 applicants to US medical schools had applied before, and the number of first-time applicants actually dropped to 31 620 from 31 818. A spokesman for the Association of American Medical Colleges (AAMC) said the only reason the total applicant pool continues to grow is because "more students, who are less

competitive, continue to be drawn to careers in medicine."

Citing data from the AAMC, the *New Physician* also noted that after years of steady growth the total number of black applicants dropped 1.7% last year, to 3595. Despite the decline, the AAMC did not view it as a setback for Project 3000 by 2000, an initiative to increase the number of underrepresented minority students in medical schools. Currently there are 2010 members of underrepresented minorities attending US medical schools, which graduate about 17 000 physicians each year.

## ASSURANCES ISSUED ABOUT VACCINE SAFETY

Using an ultra-sensitive test to detect enzymes, Swiss scientists have found evidence of minute quantities of reverse transcriptase in yellow fever and mumps and measles vaccines used in humans. Canadian authorities, who believe the new technique is probably identifying reverse-transcriptase activity that has always been present but was not detectable before, advise there is no evidence of risk associated with the enzyme.

Although the enzyme might indicate the presence of a virus, such as a retrovirus that could cause infection and possible illness in humans, health authorities say no illness has been detected. Current evidence suggests the source of the enzyme is the chicken cells used to produce the vaccine, not a virus. In a medical ad-

visory sent to epidemiologists, Health Canada noted that no retroviruses from chickens or other species of birds are known to be able to cause infection in humans or human cells. Many years ago truly infectious avian retroviruses were detected in the cell line used to produce yellow fever vaccine, but a 1970s' study of people who received that vaccine during WW II revealed no evidence of a health risk.

Worldwide vaccination recommendations remain unchanged, although Health Canada and the World Health Organization are among the international health authorities that continue to monitor the situation. The routinely monitored vaccines have been used worldwide for many years without evidence of serious adverse events, the Health Canada advisory said, and have greatly reduced the burden of the diseases they prevent. It added that parents concerned about the measles-mumps-rubella vaccine given to children should be assured that it has not changed and remains both safe and effective.

## HEALTH CARE AND HUMAN RIGHTS AMNESTY FOCUS

The Medical Network is a section within Amnesty International that encourages health care workers to apply their special skills to human-rights concerns relating to physicians and health care professionals around the world. Involvement in the Medical

Network may include participation in letter writing, working in a local Amnesty group or providing financial support. The coordinator of the Medical Network is Toronto psychiatrist Donald Payne. For information about how to join the network, write to Amnesty International, 214 Montreal Road, Vanier ON K1L 1A4.

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## **AIS SUPPORT GROUP ESTABLISHED**

A Canadian support group has been established for people affected by androgen insensitivity syndrome (AIS) and the parents of AIS children. With AIS (testicular feminization), patients have the XY chromosome pattern, bilateral testes, female external genitalia and a blindly ending vagina (see Natarajan A: Medical ethics and truth telling in the case of androgen insensitivity syndrome. *Can Med Assoc J* 1996; 154: 568-570). Estimates of its incidence range between 1 in 20 000 and 1 in 64 000. For more information write the AIS Support Group, Box 425, Postal Station C, 1117 Queen St. W., Toronto ON M6J 3P5; 416 535-0948.

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## **ALMOST 1 IN 5 MEN AGED 60-64 NOW CLAIMING DISABILITY PAYOUTS**

Even though the federal payout for disability claims is declining, a Department of Human Resources Development report says 17.5% of Canadian men aged 60 to 64 are now receiving Canada Pension Plan (CPP) disability benefits, according to the *Globe and Mail*. The number of new disability claims taking effect in 1995 dropped to 41 509, with the total payout totalling \$2.5 billion; officials credit the decline to tougher eligibility guidelines, a tighter appeals process and systematic reassessment

of claimants' medical conditions.

Although CPP disability pensions are intended for Canadians under 65 who are suffering from "a severe and prolonged mental or physical disability," analyses blame explosive growth in the program on off-loading by provincial welfare programs and private insurers, as well as economic restructuring that has prompted older jobless workers to try to use disability claims as a bridge to retirement, and a growing number of applications based on ailments such as back pain and "stress." The total cost of the CPP program last year, including retirement benefits, was about \$15.9 billion.

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## **INCOMES OF US DOCTORS DECLINED IN 1994**

Recently released data from the American Medical Association (AMA) indicate that median physician net income fell by 3.8% in 1994, to \$150 000. Of 21 specialties tracked by the AMA, 14 showed declines and 6 remained unchanged; orthopedic surgery was the only specialty reporting a modest increase. The biggest income drops were reported in cardiovascular-disease specialties, otolaryngology and pathology. The AMA attributed the declines to increasing overhead, the growth in managed care and stable compensation from the federal Medicare program.

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## **HEALTHY CITIES THEME OF WORLD HEALTH DAY**

The Canadian Society for International Health is distributing information kits provided by the World Health Organization in recognition of World Health Day on Apr. 7. This year's theme is "Healthy Cities for Better Life." The Healthy

Cities/Healthy Communities movement strives to improve the health and social welfare of communities of all sizes, and the kit offers resource materials and ideas for local governments and community associations. To order the kit in English or French, contact the Canadian Society for International Health, 170 Laurier Avenue W., Suite 902, Ottawa ON K1P 5V5; tel: 613 230-2654; fax: 613 230-8401; [csih@fox.nstn.ca](mailto:csih@fox.nstn.ca) (e-mail).

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## **OMA WELCOMES CHANGES TO ACT**

The Ontario Medical Association (OMA) says new health care consent legislation remedies significant problems with the Consent to Treatment Act, which created barriers to timely medical care for incapable people and made it difficult for physicians to comply with its requirements. Speaking at a public hearing in February, OMA president Dr. Ian Warrack and Thunder Bay physician Dr. Ken Arnold welcomed the changes to the Advocacy, Consent and Substitute Decisions Law Amendment Act.

The new act removes the mandatory requirement to provide advice on rights, clarifies the legality of minor variances to a treatment plan and acknowledges the right of substitute decision makers to make decisions about withdrawing and withholding treatment. It also fixes smaller problems or omissions with the existing legislation, improves the substitute-decisions hierarchy and removes rigid rules for the assessment of capacity. Although the OMA raised questions about decision-making rights for adolescents, the bureaucratic capacity-assessment process and doctors' role in activating powers of attorney for personal care and disclosure, it commended the government for introducing clinically sound principles concerning consent to treatment.